

U.S. Department of Justice  
United States Marshals Service

Case 1:04-cv-00044-SPB

Document

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>LEONARD C. JEFFERSON</b>	COURT CASE NUMBER <b>C.A. No. 04-44 E</b>
DEFENDANT <b>WILLIAM WOLFE, ET AL.</b>	TYPE OF PROCESS

<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>ROBERT BOEH</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>DEPARTMENT OF CORRECTIONS 2520 LISBURN RD. P.O. BOX 598, CAMP HILL, PA 17001-0598</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>LEONARD C. JEFFERSON, CL-4135 10745 RT. 18 ALBION, PA 16475-0002</b>	Number of process to be served with this Form - 285 <b>5</b>
	Number of parties to be served in this case <b>12</b>
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

**DEPARTMENT OF CORRECTIONS' SECURITY REGULATIONS PROHIBIT PLAINTIFF FROM OBTAINING D.D.C. EMPLOYEES' HOME ADDRESSES.**

Fold

**ROBERT BOEH, DEPARTMENT OF CORRECTIONS, 2520 LISBURN RD., P.O. BOX 598, CAMP HILL, PA 17001-0598**

Signature of Attorney or other Originator requesting service on behalf of: <b>Leonard C. Jefferson</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>NONE</b>	DATE <b>08-16-05</b>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>5</b>	District of Origin No. <b>18</b>	District to Serve No. <b>18</b>	Signature of Authorized USMS Deputy or Clerk <b>[Signature]</b>	Date <b>9/1/05</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <b>6/16/05</b> Time <b>11:00</b> am Signature of U.S. Marshal or Deputy <b>[Signature]</b>

Service Fee <b>\$0</b>	Total Mileage Charges (including endeavors) <b>\$0</b>	Forwarding Fee	Total Charges <b>\$0</b>	Advance Deposits	Amount owed to U.S. Marshal pr <b>\$ 112.00</b>	Amount of Refund
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REMARKS: **OK'd mailed 9/14/05**

10/20/05 RETURNED TO COURT UNEXECUTED - NO RESPONSE TO WAIVER BY MAIL